SAN DIEGO HIV PLANNING GROUP (HPG)
PRIORITY SETTING & RESOURCE ALLOCATION COMMITTEE (PSRAC)

MEETING PACKET

THURSDAY, July 11, 2024, 1:00 PM – 4:00 PM
County Administration Center
(1600 Pacific Hwy, San Diego, CA 92101); (Room 310 - BOS Chamber)

The Charge of the Priority Setting and Resource Allocation Committee: To review, analyze and consider available data and make recommendations to the HIV Planning Group based upon that data regarding service priorities, service delivery, and funding allocation by service category, including the commitment to addressing racial/ethnic disparities for Black/African American MSM (retention in care, viral load suppression), Latinx MSM (late and simultaneous diagnoses) and transgender/Non-Binary persons (lack of data and non-representative participation).

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Priority Setting & Resource Allocation Committee (PSRAC)

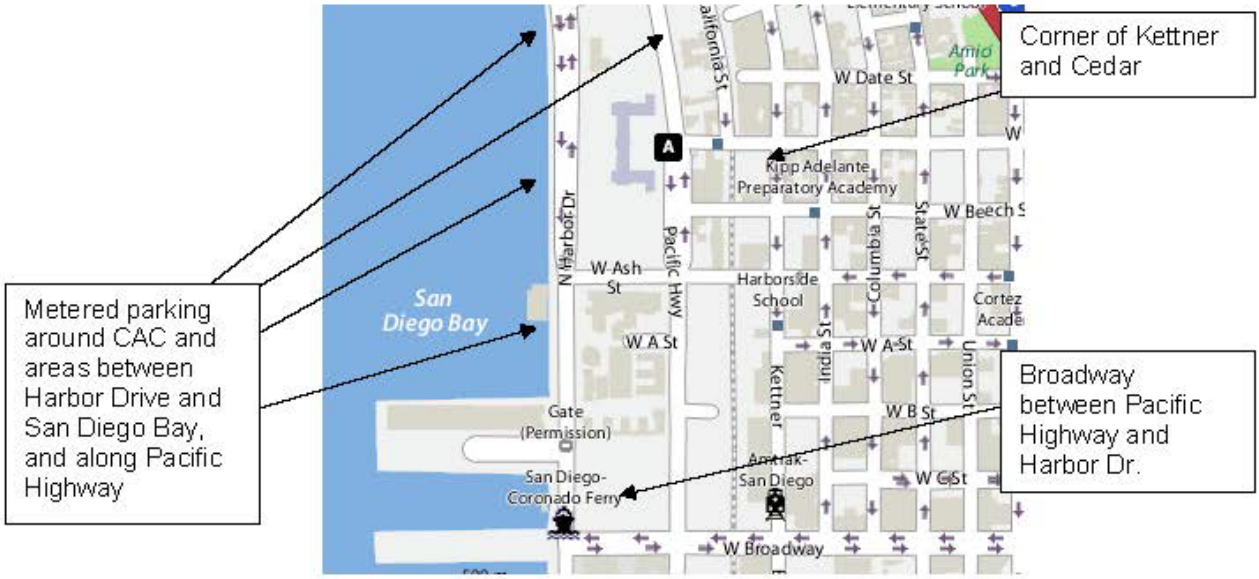
When: Thursday, July 11, 2024 from 1:00 PM – 4:00 PM
Where: San Diego County Administration Center (CAC)
1600 Pacific Highway, San Diego, CA 92101
Room 310 – Board of Supervisors Chamber (Third Floor)

Public parking for the County Administration Center (CAC) is available in the underground parking structure, with the entrance located on Ash Street.

SAN DIEGO COUNTY ADMINISTRATION CENTER
1600 Pacific Highway, San Diego, 92101
PARKING REGULATIONS

- **Public Parking (green spaces)** is reserved for the public while conducting county business. There is a 3-hour limit. Vehicles illegally parked or over the time limit will be cited.
- **Disabled Parking (blue spaces)** is reserved for vehicles displaying a Disabled placard or license plate. Vehicles illegally parked will be cited.
- **Reserved Parking (yellow spaces)** is for the exclusive use of the person or department to whom issued or for use indicated on the spaces, such as commercial vehicles. Vehicles illegally parked will be cited.
- **Employee Permit Parking** (white spaces) is for county employees assigned to the CAC and requires a valid regular or temporary permit. Vehicles illegally parked will be cited.

ALTERNATIVE PUBLIC PARKING



This information is provided as a courtesy. The County does not have any arrangements with these alternate sites and assumes no responsibility for any loss resulting from such use.

For bus lines and trolley information, contact the Metropolitan Transit System at 511. The nearest trolley stop is the **County Center/Little Italy** stop on the corner of W. Cedar Street and Kettner Boulevard.

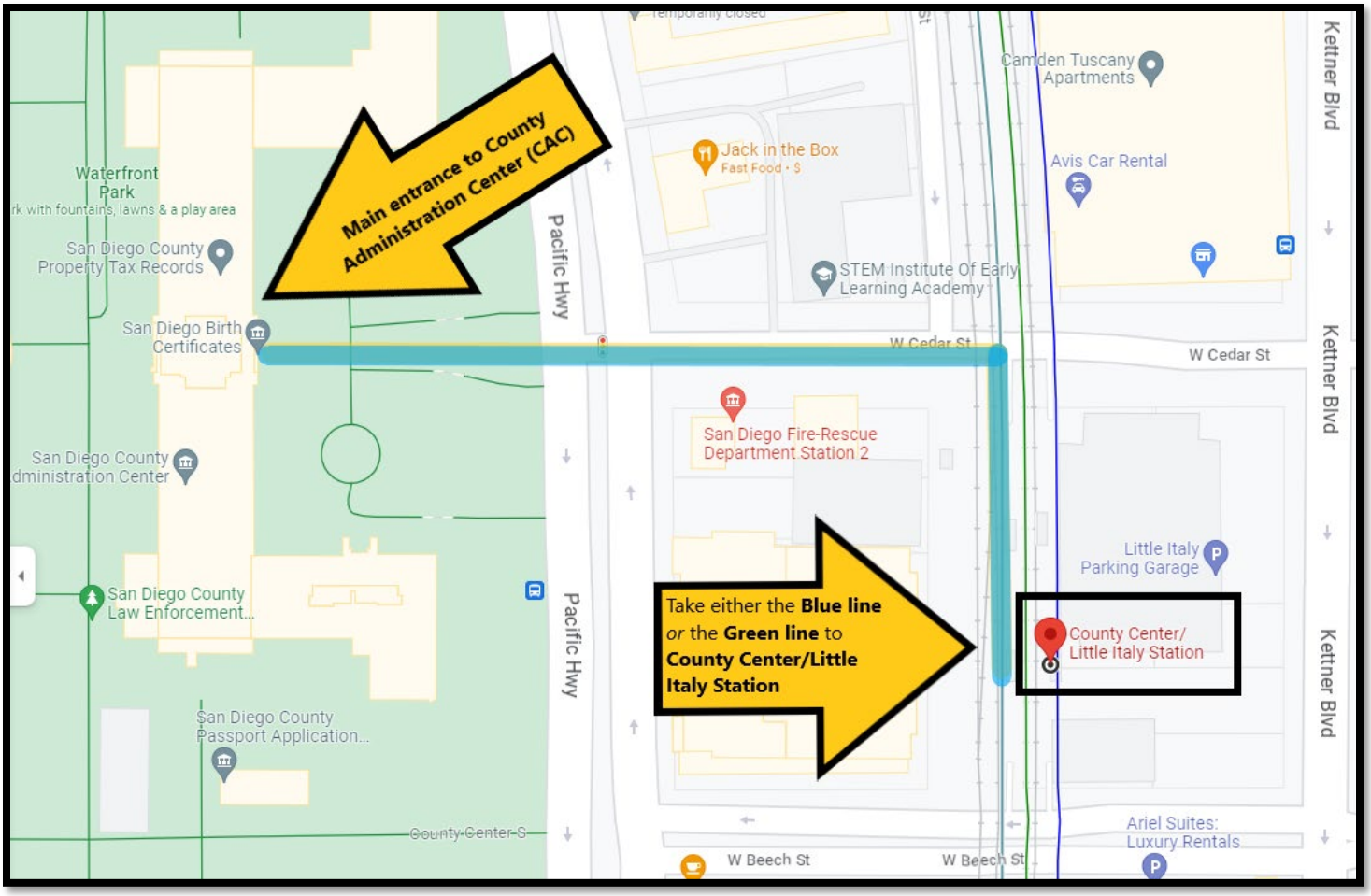
****ATTN:**
Please note that directions depicted on given directions to location may not reflect info on the MTS phone application.

Additional resources and details available on **PAGE 4**.

Via MTS/Public Transportation:

The following transit lines have routes that pass near "County Center / Little Italy Trolley Station"

Bus: 11, 120, 215, 923, 992
Cable Car: BLUE, GREEN



ADDITIONAL RESOURCES:

During peak hours, your route may be delayed due to train and trolley traffic, construction on Kettner Blvd., fire station activity, and/or traffic congestion on Cedar Street. As you plan ahead for meetings to the County Administration Center (CAC), here are some strategies to consider:

- Build in additional time to park in and exit the garage.
- Use **public transit, carpooling or other transit options** to get to the CAC.

Video: "Now You Know – Parking at the County Administration Center"

https://youtu.be/pFp7iuzMWv8

Conflict of Interest
Priority Setting and Resource Allocation Committee

Name	Conflict of Interest
Davenport, Beth	• Mental Health • Non-Medical Case Management Services • Medical Case Management • Peer Navigation
Fleming, Tyra	• None
Garcia-Bigley, Felipe	• EIS: Minority AIDS Initiative • Early Intervention Services, Regional Services • Home-Based Health Care Coordination • Medical Case Management • Mental Health Counseling/Therapy • Mental Health: Psychiatric Medication Management • Non-Medical Case Management Service • Oral Health • Outpatient Ambulatory Health Services: Medical Specialty • Outpatient Ambulatory Health Services: Primary Care • Peer Navigation (Referral for Healthcare and Support Services) • Transportation: Assisted and Non-Assisted
Highfill, Pam	• Substance Use Treatment: Residential
Jacobs, Dr. Delores	• None
Kubricky, Cinnamen	• None
Mendoza Aguirre, Marco	• None
Mueller, Chris	• Medical Case Management, including Treatment Adherence Services • Outpatient/Ambulatory Health Services (Primary Care) • Medical Transportation • Non-Medical Case Management Service • Medical Specialty • Psychiatric Services
Quezada-Torres, Karla	• None
Robles, Raul	• None
Underwood, Regina	• Medical Case Management, including Treatment Adherence Services • Mental Health Services • Substance Abuse Outpatient Care • Medical Transportation • Non-Medical Case Management Service • Outreach Services • Peer Navigation • EIS: Regional • EIS: Minority AIDS Initiative
Van Brocklin, Rhea	• Coordinated HIV Services for Women, Infants, Children, Youth, and Families (CHS: WICYF)
Villafan, Freddy	• Substance Use Disorder Treatment: Residential • Transportation: Assisted and Unassisted

PRIORITY SETTING & RESOURCE ALLOCATION COMMITTEE (PSRAC)

Thursday, July 11, 2024, 1:00 PM – 4:00 PM
County Administration Center
1600 Pacific Hwy, San Diego, CA 92101
(Room 310 – BOS Chamber)

To participate remotely via Zoom:
https://us06web.zoom.us/j/82979385521?pwd=ucUoVVtBupxbdBxothszYHHlP2luoC.1
Join the meeting via phone: 1-669-444-9171 United States Toll
Meeting ID: 829 7938 5521 **Password:** PSRAC

Language translation services are available upon request at least 96 hours prior to the meeting. Please contact HPG Support Staff at 619-403-8809 or via e-mail at hpg.hhsa@sdcounty.ca.gov.

A quorum for this meeting is seven (7)

Committee Members: Dr. Beth Davenport | Tyra Fleming (Co-Chair) | Felipe Garcia-Bigley | Pam Highfill | Dr. Delores Jacobs | Cinnamen Kubricky | Marco Aguirre Mendoza | Chris Mueller | Karla Quezada-Torres | Raul Robles | Regina Underwood | Rhea Van Brocklin (Chair) | Freddy Villafan

ORDER OF BUSINESS

1. Call to order, roll call, comments from the chair
2. Reminders
   a. **Review of Committee Charge**
   b. **Committee members' Conflicts of Interest:** Disclose areas of financial interest (e.g., employment); Refrain from participation in related votes.
   c. **Areas NOT the purview of this committee:** Selection of contractors; contract details; how contractors implement contracted services (e.g., staff salaries). These are the sole purview of the Recipient.
   d. **Focus on service priorities, not on specific service providers.**
   e. **Rules for the meeting** (as necessary): Committee members are limited to two (2) minutes per comment and limited to two (2) comments per item; public comments are welcome at the beginning and prior to each agenda item, limited to two (2) minutes so that all have an opportunity to participate.
3. Public comment on non-agenda items (for members of the public)
4. Sharing our concerns (for committee members)
5. **ACTION:** Approve the PSRAC agenda for July 11, 2024
6. Review follow-up items from the last meeting
7. New Business:
   a. **ACTION:** Recommendations for reallocations for FY 24 (the current fiscal year, March 1, 2024 – February 28, 2025).
   b. **ACTION:** Approve the Board Letter regarding accepting HIV services grant funding, extending the STI service agreement, and applying for future funding opportunities.

c. **ACTION**: Review/summarize any available additional data, including key findings by service category and overall key findings
d. **ACTION:** Review data on **Co-occurring Conditions, Poverty, and Insurance** and discuss findings
e. **ACTION:** Recommendations with justifications to HIV Planning Group for service priority ranking and how services should be organized and delivered in FY 25 (March 1, 2025 – February 28, 2026)
f. **ACTION:** Complete recommendations with justifications for changes in funding allocations in level and reduction-funding scenarios for FY 25 (March 1, 2025 – February 28, 2026).

8. Routine Business:
    a. Committee Attendance
    b. Review Monthly and Year-to-Date expenditures and assess for recommended reallocations
    c. Partial Assistance Rent Subsidy Program (PARS) and Emergency Housing update
    d. Review Monthly and Year-to-Date service utilization report
9. Suggested items for the future committee agenda
10. Announcements

    Next meeting date: **July 18, 2024, from 1:00 PM – 4:00 PM**
    Location: County Administration Building 1600 Pacific Hwy, San Diego, CA 92101 (Room 402)
11. Adjournment

Principles for PSRA Decision-Making Process	Criteria for the PSRA Decision-Making Process
Principles Guiding Decision Making (Priorities should reflect the Principles) 1. Decisions are made in an open, transparent process 2. Decisions are based on documented needs (Needs assessment, etc.) 3. Decisions are based on overall needs within the service area, not narrow single focus concerns 4. Decisions include reports from the Needs Assessment committee of the HIV Planning Group. 5. Services should be responsive to the epidemiology of HIV in San Diego, including demographics and region 6. Services must be culturally and linguistically appropriate and responsive 7. Services should focus on the needs of low-income, underserved, and disproportionately impacted populations 8. Services should minimize disparities in the availability and quality of treatment for HIV/AIDS 9. Equitable access to services should be provided across subpopulations and regions	**Criteria for Priority Setting** 1. Documented Need based on: a. Epidemiology of San Diego epidemic (Epi data) b. Needs and unmet needs expressed in needs assessment, including the needs expressed by consumers, not in care and/or from historically underserved communities (Needs assessment data) 2. Minimize disparities in the availability and quality of treatment for HIV/AIDS (Demographic service utilization data compared to HIV/AIDS demographic) 3. Quality, outcome effectiveness, and cost-effectiveness of services (Measured by service category outcomes, CQM, and client satisfaction data by service category) 4. Consumer preferences or priorities for interventions or services, particularly for populations with severe need, historically underserved communities, or those who know their status but are not in care 5. Consistency with the continuum of care

For more information, visit our website at www.sdplanning.org

County of San Diego

CAROLINE SMITH
INTERIM DEPUTY CHIEF ADMINISTRATIVE OFFICER

HEALTH AND HUMAN SERVICES AGENCY
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ANKITA S. KADAKIA, MD
INTERIM PUBLIC HEALTH OFFICER

ELIZABETH A. HERNANDEZ, Ph.D.
PUBLIC HEALTH SERVICES DIRECTOR

SAN DIEGO HIV PLANNING GROUP (HPG)
PRIORITY SETTING AND RESOURCE ALLOCATION COMMITTEE

ACTION ITEM INFORMATION SHEET

APPROVE BOARD LETTER TO ACCEPT HIV SERVICES GRANT FUNDING, EXTENSION OF STI SERVICE AGREEMENT AND APPLICATIONS FOR FUTURE FUNDING OPPORTUNITIES

Effective 3/1/2024 – 2/28/2025

DATE: July 11, 2024

ITEM: Approve the board letter to accept HIV services grant funding, extension of Sexually Transmitted Infections (STI) Service Agreement and applications for future funding opportunities.

BACKGROUND:
For 33 years, the San Diego County Board of Supervisors (Board) has authorized grants and agreements with the United States Health Resources and Services Administration (HRSA) to provide care and treatment services to persons living with HIV. These funding sources include the *Ryan White HIV/AIDS Treatment Extension Act of 2009* (RWTEA) Part A and RWTEA Part A Minority AIDS Initiative (MAI). Awarded annually, RWTEA and RWTEA Part A MAI comprise the single largest federal funding source for HIV services received by the County of San Diego (County). The County received notice of a grant award on May 15, 2024, by HRSA. The RWTEA Part A funding is $11,313,642 and the RWTEA Part A MAI funding is $784,859, for a total of $12,098,501 for the period of March 1, 2024, through February 28, 2025. This funding will continue to support medical treatment, mental health treatment, substance use disorder treatment, temporary housing assistance, and other critical services for persons living with HIV.

Today's action requests the Board authorize acceptance of this grant agreement for RWTEA Part A and RWTEA Part A MAI.

Ending the HIV Epidemic: A Plan for America – Ryan White HIV/AIDS Program Parts A and B was a new funding source in 2020 created by HRSA in response to the introduction of the federal Ending the HIV Epidemic (EHE) initiative. The County received notice of a grant award on May 14, 2024, by HRSA. The EHE funding is $2,559,215 for the period of March 1, 2024, through February 28, 2025. Initial and follow-up board action, April 7, 2020 (6) and November 15, 2022 (7), respectively, authorized funding through February 28, 2025. However, the funding for EHE

in this latest notice of award has exceeded the amount authorized in prior board actions. This funding supports and is utilized for programs and services related to community engagement and leadership development for persons living with HIV, linkage and retention in HIV care, low barrier medical care and housing supports.

On November 15, 2022 (6), your board authorized acceptance of funding to address sexually transmitted infections. The California Department of Public Health (CDPH) awarded the County a three-year revenue agreement for the *Syphilis Outbreak Strategy* for the period July 1, 2022, through June 30, 2025. On April 3, 2024, CDPH notified the County that the agreement would be extended through June 30, 2027. No additional funding was added; however, this provides an opportunity to spend previously unexpended funds. This funding is used to expand existing syphilis and congenital syphilis activities through innovative and impactful prevention and control activities, with a focus on disproportionately impacted populations.

This item supports the County vision of a just, sustainable, and resilient future for all, specifically those communities and populations in San Diego County that have been historically left behind as well as our ongoing commitment to the regional *Live Well San Diego* vision of healthy, safe, and thriving communities. This will be accomplished through education, prevention, and intervention to interrupt transmission of disease in the region. This item also supports the County Getting to Zero initiative by planning and allocating resources dedicated to services for residents who are vulnerable to or living with HIV.

To accept the grant award, the HIV, STD, and Hepatitis Branch must request the Board of Supervisors to authorize acceptance of the funds on behalf of the County of San Diego. All Board Letters must be reviewed by an advisory body. This Board Letter to accept the grant award will go forward before the Board of Supervisors on August 27, 2024.

ACTION ITEMS:

1. Waive Board Policy B-29, Fees, Grant, Revenue Contracts – Department Responsibility for Cost Recovery, which requires prior approval of grant applications and full-cost recovery of grants.
2. Authorize the acceptance of $11,313,642 and $784,859 in grant funds from the United States Health Resources and Services Administration for the period of March 1, 2024 through February 28, 2025 for Ryan White Part A and Ryan White Part A Minority AIDS Initiative respectively, and authorize the Agency Director, Health and Human Services Agency, to execute all required grant documents, upon receipt, including any annual extensions, amendments and/or revisions thereto that do not materially impact or alter the services or funding level.
3. Authorize the acceptance of $2,559,215 in grant funds from the United States Health Resources and Services Administration for the period of March 1, 2024 through February 28, 2025 for Ending the HIV Epidemic, and authorize the Agency Director, Health and Human Services Agency, to execute all required grant documents, upon receipt, including any annual extensions, amendments and/or revisions thereto that do not materially impact or alter the services or funding level.
4. Authorize no cost extension of grant agreement from California Department of Public Health for Syphilis Outbreak Strategy through June 30, 2027, and authorize the Agency

Director, Health and Human Services Agency, to execute all required grant documents, upon receipt, including any annual extensions, amendments and/or revisions thereto that do not materially impact or alter the services or funding level.

5. Authorize the Agency Director, Health and Human Services Agency, or designee, to apply for any additional funding opportunity announcements, if available, to address the prevention, testing, care and treatment needs of those impacted by HIV.

The Priority Setting and Resource Allocation Committee of the HIV Planning Group reviewed and approved action items 1, 2, 3, and 5 at its July 11, 2024 meeting.
Item 4 will be reviewed by the Health Services Advisory Board at its August 6, 2024 meeting.

RECOMMENDATION:

1. Approve the Board Letter to authorize the Clerk of the Board of Supervisors to accept HIV services grant funding, extension of STI Service Agreement and applications for future funding opportunities.

COUNTY OF SAN DIEGO

AGENDA ITEM

DATE: **August 27, 2024** **XX**

TO: Board of Supervisors

SUBJECT
ACCEPTANCE OF HIV SERVICES GRANT FUNDING, EXTENSION OF STI SERVICE AGREEMENT AND APPLICATIONS FOR FUTURE FUNDING OPPORTUNITIES (DISTRICTS: ALL)

OVERVIEW
For 33 years, the San Diego County Board of Supervisors (Board) has authorized grants and agreements with the United States Health Resources and Services Administration (HRSA) to provide care and treatment services to persons living with HIV. These funding sources include the *Ryan White HIV/AIDS Treatment Extension Act of 2009* (RWTEA) Part A and RWTEA Part A Minority AIDS Initiative (MAI). Awarded annually, RWTEA and RWTEA Part A MAI comprise the single largest federal funding source for HIV services received by the County of San Diego (County). The County received notice of a grant award on May 15, 2024, by HRSA. The RWTEA Part A funding is $11,313,642 and the RWTEA Part A MAI funding is $784,859, for a total of $12,098,501 for the period of March 1, 2024, through February 28, 2025. This funding will continue to support medical treatment, mental health treatment, substance use disorder treatment, temporary housing assistance, and other critical services for persons living with HIV. Today's action requests the Board authorize acceptance of this grant agreement for RWTEA Part A and RWTEA Part A MAI.

Ending the HIV Epidemic: A Plan for America – Ryan White HIV/AIDS Program Parts A and B was a new funding source in 2020 created by HRSA in response to the introduction of the federal Ending the HIV Epidemic (EHE) initiative. The County received notice of a grant award on May 14, 2024, by HRSA. The EHE funding is $2,559,215 for the period of March 1, 2024, through February 28, 2025. Initial and follow-up board action, April 7, 2020 (6) and November 15, 2022 (7), respectively, authorized funding through February 28, 2025. However, the funding for EHE in this latest notice of award has exceeded the amount authorized in prior board actions. This funding supports and is utilized for programs and services related to community engagement and leadership development for persons living with HIV, linkage and retention in HIV care, low barrier medical care and housing supports.

On November 15, 2022 (6), your board authorized acceptance of funding to address sexually transmitted infections. The California Department of Public Health (CDPH) awarded the County a three-year revenue agreement for the *Syphilis Outbreak Strategy* for the period July 1, 2022,

through June 30, 2025. On April 3, 2024, CDPH notified the County that the agreement would be extended through June 30, 2027. No additional funding was added; however, this provides an opportunity to spend previously unexpended funds. This funding is used to expand existing syphilis and congenital syphilis activities through innovative and impactful prevention and control activities, with a focus on disproportionately impacted populations.

This item supports the County vision of a just, sustainable, and resilient future for all, specifically those communities and populations in San Diego County that have been historically left behind as well as our ongoing commitment to the regional *Live Well San Diego* vision of healthy, safe, and thriving communities. This will be accomplished through education, prevention, and intervention to interrupt transmission of disease in the region. This item also supports the County Getting to Zero initiative by planning and allocating resources dedicated to services for residents who are vulnerable to or living with HIV.

RECOMMENDATION(S)
CHIEF ADMINISTRATIVE OFFICER

1. Waive Board Policy B-29, Fees, Grant, Revenue Contracts – Department Responsibility for Cost Recovery, which requires prior approval of grant applications and full-cost recovery of grants.
2. Authorize the acceptance of $11,313,642 and $784,859 in grant funds from the United States Health Resources and Services Administration for the period of March 1, 2024 through February 28, 2025 for Ryan White Part A and Ryan White Part A Minority AIDS Initiative respectively, and authorize the Agency Director, Health and Human Services Agency, to execute all required grant documents, upon receipt, including any annual extensions, amendments and/or revisions thereto that do not materially impact or alter the services or funding level.
3. Authorize the acceptance of $2,559,215 in grant funds from the United States Health Resources and Services Administration for the period of March 1, 2024 through February 28, 2025 for Ending the HIV Epidemic, and authorize the Agency Director, Health and Human Services Agency, to execute all required grant documents, upon receipt, including any annual extensions, amendments and/or revisions thereto that do not materially impact or alter the services or funding level.
4. Authorize no cost extension of grant agreement from California Department of Public Health for Syphilis Outbreak Strategy through June 30, 2027, and authorize the Agency Director, Health and Human Services Agency, to execute all required grant documents, upon receipt, including any annual extensions, amendments and/or revisions thereto that do not materially impact or alter the services or funding level.
5. Authorize the Agency Director, Health and Human Services Agency, or designee, to apply for any additional funding opportunity announcements, if available, to address the prevention, testing, care and treatment needs of those impacted by HIV.

EQUITY IMPACT STATEMENT
According to the 2021 Gallup.com article “LGBTQ+ Identification Rises to 5.6% in the Latest U.S. Estimate”, gay, bisexual, and other men who have sex with men currently comprise

approximately 2.5% of the adult population in the United States. In San Diego County, gay, bisexual, and other men who have sex with men comprise 62% of recent HIV diagnoses and 71% of persons living with HIV. Like much of the United States, HIV has disproportionately impacted some of San Diego County's most vulnerable residents, who include Black and Hispanic communities, gay, bisexual, and other men who have sex with men. According to the 2021 local surveillance data, Blacks comprise less than 5% of the county population but comprise 14% of recent HIV diagnoses. Hispanics comprise 34% of the county population yet comprise 49% of recent HIV diagnoses.

The County of San Diego Health and Human Services Agency, Public Health Services in partnership with the HIV Planning Group, an official advisory board to the San Diego County Board of Supervisors, conducts need assessments of system capacity and capabilities every three years. This includes engaging with different impacted communities through focus groups annually. These engagement efforts play a crucial role in informing decisions and ensuring resources are effectively and equitably distributed to serve the needs of those most impacted by HIV in San Diego County. A needs assessment is currently being conducted.

Also in San Diego County, Sexually Transmitted Infections (STIs) disproportionately impact communities of color (particularly Black/African American residents), youth, gay, bisexual, and other men who have sex with me. According to the 2022 annual STI data from the County of San Diego (County) Health and Human Services Agency, Public Health Services, HIV, STD, and Hepatitis Branch, in 2022, local STI transmission rates were higher among Black/African Americans and other/mixed-race women and men than among other populations. Specifically, the rate of gonorrhea in Black/African American males was 5.2 times higher than that of white males and 3.7 times that of Hispanic males. In addition, the rate of infection in Black/African American females was 5.4 times higher than that of white females and 3.4 times that of Hispanic females.

Over the past few years, the County has conducted various engagement activities focused on identifying and addressing disparities among populations most impacted by STIs in San Diego County. These community engagement efforts focused on Black/African American gay and bisexual men who have sex with men, Latino gay and bisexual men who have sex with men, and transgender persons.

SUSTAINABILITY IMPACT STATEMENT

The proposed actions align with the County of San Diego Sustainability Goal #2 to provide just and equitable access to County services and resources, and Sustainability Goal #4 to protect the health and well-being of San Diegans. This will be accomplished by increasing capacity and services aimed to prevent, identify, and treat HIV. Testing identification, and treatment of HIV will improve the overall health of communities, reduce the demand of associated care services, while increasing effectiveness of care providers and lowering operating costs.

FISCAL IMPACT

Recommendation #2: Authorize acceptance of Ryan White Part A and Part A Minority AIDS Initiative funds

Funds for this request are included in the Fiscal Year (FY) 2024-26 Operational Plan in the Health and Human Services Agency. If approved, this request will result in estimated costs of $4,090,037 and revenue of $4,027,444 in FY 2024-25, and costs of $8,180,074 and revenue of $8,054,887 in FY 2025-26, for a total of $12,270,112 in costs and $12,082,331 in revenue through FY 2024-26. The funding for this grant is the United States Health Resources and Services Administration. A waiver of Board Policy B-29 is requested because the funding does not offset all costs. These unrecovered costs are estimated to be $57,204 for FY 2024-25, and $114,407 for FY 2025-26, for a cumulative total of $171,611 through FY 2024-26. The funding source for these costs will be existing Realignment. The public benefit for providing these services far outweighs the costs. There will be no change in net General Fund cost and no additional staff years.

Recommendation #3: Authorize acceptance of Ending the HIV Epidemic funding
Funds for this request are included in the Fiscal Year (FY) 2024-26 Operational Plan in the Health and Human Services Agency. If approved, this request will result in estimated costs of $883,896 and revenue of $853,072 in FY 2024-25, and costs of $1,767,792 and revenue of $1,706,143 in FY 2025-26, for a total of $2,651,689 in costs and $2,559,215 in revenue through FY 2024-26. The funding for this grant is the United States Health Resources and Services Administration. A waiver of Board Policy B-29 is requested because the funding does not offset all costs. These unrecovered costs are estimated to be $30,825 for FY 2024-25, and $61,649 for FY 2025-26, and a total of $92,474 through FY 2024-26. The funding source for these costs will be existing Realignment. The public benefit for providing these services far outweighs the costs. There will be no change in net General Fund cost and no additional staff years.

Recommendation #4: Authorize no-cost extension of STI agreement with CDPH
Funds for this request are included in the Fiscal Year (FY) 2024-26 Operational Plan in the Health and Human Services Agency. No additional funding has been added, if approved, this no-cost extension provides additional time for spenddown of initial funding.

BUSINESS IMPACT STATEMENT
N/A

ADVISORY BOARD STATEMENT
The HIV Planning Group reviewed this item at its meeting on July 24, 2024, and recommended approval for recommendations #1, 2, 3, and 5.

The Health Services Advisory Board reviewed this item as its meeting on August 6, 2024, and recommend approval for recommendation #4.

BACKGROUND
On March 1, 2026 (25), the San Diego County Board of Supervisors adopted the Getting to Zero initiative, which seeks to end the HIV epidemic in San Diego County. Since its adoption, the Getting to Zero initiative has evolved into a comprehensive approach to ending the HIV epidemic, with five core strategies:

1. Test: Identify everyone living with HIV in San Diego County and link them to HIV treatment and other services that provide support for remaining in treatment.
2. Treat: Ensure that everyone living with HIV in San Diego County has access to HIV treatment services so that persons living with HIV can achieve viral suppression.
3. Prevent: Identify everyone at risk for HIV infection in San Diego County and link them to HIV prevention resources and other services that provide support for remaining HIV-negative.
4. Engage: Continue partnering with communities disproportionately impacted by HIV to achieve collective impact and improve outcomes along the HIV care continuum.
5. Improve: Engage in continuous quality improvement activities to achieve the objectives of the Getting to Zero plan.

The County of San Diego (County) Health and Human Services Agency, Public Health Services (PHS) leverages various resources to effectively support the needs of individuals vulnerable to or living with HIV, including ensuring the availability of testing, prevention, and treatment services. As of December 31, 2023, there were nearly 15,000 people living with HIV in San Diego County and an estimated 1,300 persons living with but unaware of their HIV status.

Recommendation #2: Authorize acceptance of Ryan White Part A and Part A Minority AIDS Initiative funds

For 33 years the Board has authorized grants and agreements with the United States Health Resources and Services Administration (HRSA) to provide care and treatment services to persons living with HIV. Services funded by the Ryan White Treatment Extension Act (RWTEA) Part A and RWTEA Part A Minority AIDS Initiative (MAI) revenue play a vital role in the County's Getting to Zero initiative. RWTEA Part A services fill gaps in the local HIV service delivery system by ensuring individuals living with HIV have access to high quality HIV primary care and additional support services. Funded services include HIV primary medical and dental care, case management, mental health services, substance use disorder treatment services, emergency financial assistance, emergency and temporary housing assistance, and other supportive services. Currently, in San Diego County, over 3,300 persons living with HIV receive at least one of these services funded by RWTEA each year.

The goal of the RWTEA is to ensure all persons living with HIV are linked to and are retained in HIV primary medical care. The key measure of success is the rate of viral suppression. A person living with HIV who is not virally suppressed would expect to have 50,000 or more copies of HIV in a milliliter of blood. However, when treated, the number can drop below 200, at which point the virus is deemed "suppressed." When that happens, HIV can no longer do any further damage to the immune system. When a person living with HIV has been virally suppressed for six months or longer, they cannot transmit HIV sexually to anyone else. In calendar year 2022, 57% of people living with diagnosed HIV achieved viral suppression in San Diego County. Patients in the RWTEA Part A system of care have even better rates of viral suppression. In Ryan White fiscal year 2022-2023, patients receiving RWTEA Part A services in San Diego County, who had a recorded viral load test, showed a suppression rate of 92%. Additional data from HRSA, which

oversees the Ryan White program, shows that in 2022 San Diego County had one of the highest viral suppression rates of the 52 jurisdictions funded in the United States and Puerto Rico at 92.8%.

RWTEA Part A MAI was established in 1999 to improve access to HIV care and health outcomes for persons of color. Services funded by MAI include outreach, medical case management, non-medical case management, mental health counseling, outpatient substance use disorder treatment, and medical transportation services. In Ryan White fiscal year 2022-2023, there were 326 clients served in Part A MAI, of whom 92%% were virally suppressed.

Recommendations #3: Authorize acceptance of Ending the HIV Epidemic funding
The Ending the HIV Epidemic (EHE) initiative seeks to reduce new HIV infections in the United States to less than 3,000 per year by 2030. The initiative has four pillars and closely aligns with the local Getting to Zero initiative.

- Pillar One: ***Diagnose*** all people with HIV as early as possible.
- Pillar Two: ***Treat*** people with HIV rapidly and effectively to reach sustained viral suppression.
- Pillar Three: ***Prevent*** new HIV transmissions by using proven interventions, including pre-exposure prophylaxis (PrEP); and
- Pillar Four: ***Respond*** quickly to potential HIV outbreaks to get needed prevention and treatment service to people who need them.

Funding from EHE enhances and supports the efforts of Ryan White services. Since the inception of this funding, the County has largely focused its efforts on community engagement, leadership training and development, and re-engagement in medical care for persons living with HIV who have fallen out of medical care. Future plans include implementation of comprehensive low barrier medical care, housing supports and medical advocacy.

Recommendation #4: Authorize extension of STI agreement with CDPH
Sexually transmitted infections (STIs) remain significant public health concerns locally and across California and the United States. STIs are associated with increased risk of HIV acquisition and transmission and can cause multiple health complications, including infertility, blindness, hearing loss, and death. Rates for these infections began rising in the early 2000s. By 2022, STI transmission rates were the highest they have been in over 70 years nationally.

While there are many infections that are designated as sexually transmitted, the three primary bacterial STIs of focus are syphilis, gonorrhea, and chlamydia. Untreated, all have significant negative personal and public health consequences. Of these, syphilis poses the most significant public health concern, as without treatment, an infected individuals remains capable of transmitting syphilis to others for up to one year. In 2022, a total of 1,131 cases of infectious syphilis, 7,694 cases of gonorrhea, and 18,144 cases of chlamydia were reported in San Diego County. In addition, a total of 35 probable cases of congenital syphilis were reported in San Diego County.

SUBJECT: ACCEPTANCE OF HIV SERVICES GRANT FUNDING, EXTENSION OF STI SERVICE AGREEMENT AND APPLICATIONS FOR FUTURE FUNDING OPPORTUNITIES

Funding from the CDPH STD Control Branch support the County efforts to reduce the risk of transmission of STIs to communities most impacted. On November 15, 2022 (6), the San Diego County Board of Supervisors (Board) authorized acceptance of CDPG STD Control Branch funding for the Syphilis Outreach Strategy in the amount of $2,285,746 for the period of July 1, 2022, through June 30, 2025. This funding is used to support innovative and impactful syphilis and congenital syphilis prevention and control activities, with a focus on disproportionately impacted populations. On April 3, 2024, CDPH STD Control Branch notified us that the agreement would be extended through June 30, 2027. No additional funding has been added, however, this extension provides additional time for spenddown of initial funding.

Today's actions request the Board to approve and authorize acceptance of $11,313,642, $784,859, and $2,559,215, respectively in Ryan White Part A, Ryan White Part A Minority AIDS Initiative, and Ending the HIV Epidemic funding to support HIV care and treatment activities, and extend the Syphilis Outbreak Strategy agreement through June 30, 2027, to address syphilis and congenital syphilis in San Diego County. A waiver of Board Policy B-29 is requested because the funding does not offset all costs.

- Recommendation #2: Unrecovered costs are estimated at $57,204 for Fiscal Year (FY) 2024-25, $114,407 for FY 2025-26, for Ryan White Part A and Part A Minority AIDS Initiative funding. The funding source for these unrecovered costs will be existing Realignment.
- Recommendation #3: Unrecovered costs are estimated at $30,825 for FY 2024-25, and $61,649 for FY 2025-26, for Ending the HIV Epidemic funding. The funding source for these unrecovered costs will be existing Realignment.

LINKAGE TO THE COUNTY OF SAN DIEGO STRATEGIC PLAN
Today's proposed action support the County of San Diego 2024-2029 Strategic Plan Initiatives of Sustainability (Resiliency) and Equity (Health), and the regional *Live Well San Diego* vision by supporting access to prevention, testing, and high-quality medical care that results in improved physical health.

Respectfully submitted,

USE "INSERT PICTURE" FUNCTION TO INSERT SIGNATURE

EBONY N. SHELTON
Chief Administrative Officer

ATTACHMENT(S)
N/A

HIV Planning Group

Priority Setting and Resource Allocation Committee

Key Data Findings by Service Category 2024

Draft July 11, 2024

SERVICE CATEGORY	PRIORITY RANK	KEY DATA FINDINGS
© **Outpatient Ambulatory Health Services: Primary Care**	1	Core service; ranked #2 in 2020 - 21 Survey of HIV Impact. (HIV/AIDS Medications a core service linked to Primary Care and is #1 ranked in 2020 - 21 Survey of HIV Impact)
© **Outpatient Ambulatory Health Services: Medical Specialty**	2	Core service; linked to Primary Care; ranked #4 in 2020 - 21 Survey of HIV Impact; 7% of respondents noted as a service gap ("need but can't get"). Co-occurring health conditions make providing medical care more complex, require greater provider expertise, and increase the cost of care for people living with HIV/AIDS (PLWH/A).
© **Oral Health**	3	Core service #3 ranked in 2020 - 21 Survey of HIV Impact and largest service gap (22% need but can't get). Many PLWH/A lack dental insurance.
© **Medical Case Management (MCM)**	4	Core service; #5 ranked in 2020 - 21 Survey of HIV Impact; 9th largest service gap (9%), Links clients to other services, including Primary Care. Many PLWH/A have co-occurring health conditions that require additional services/assistance. Reaches diverse groups/regions. Links PLWHA to care and helps sustain PLWHA in care, service utilization increased 26.6% in FY 23 compared to FY 22.
Case Management: Non-Medical	5	#5 ranked in 2020 - 21 Survey of HIV Impact, 9th largest service gap (9%)
Non-Medical Case Management for Housing	6	Rental Assistance #6 ranked in 2020 - 21 Survey of HIV Impact & the 2nd largest service gap (20%) in NA survey; Emergency Housing #10 ranked in 2020 - 21 Survey of HIV Impact & the 7th largest service gap (10%), 25% of PLWHA unstably housed or homeless in 2020 & poverty prevalent among PLWHA (72% at or below 500% FPL in 2020; Links PLWHA to care and helps sustain PLWHA in care
Housing: Emergency Housing	7	#10 ranked in 2020 - 21 Survey of HIV Impact; The 7th largest service gap (10%), Homelessness: 25% unstably housed or homeless in 2020 & poverty prevalent among PLWH/A (72% at or below 400% FPL; Links PLWHA to care and helps sustain PLWHA in care, expenditures increased by 70% between FY 22 and FY 23
Housing Location, Placement and Advocacy Services	8	As noted above in Non-Medical Case Management for Housing.
Housing: Partial Assistance Rental Subsidy (PARS)	9	#6 ranked in 2020 - 21 Survey of HIV Impact; the 2nd largest service gap (20%; in NA survey (20%). (25% of PLWHA unstably housed or homeless in 2020 & poverty prevalent among PLWHA (72% at or below 500% FPL in 2020; Links PLWHA to care and helps sustain PLWHA in care; the service category experiences long waitlist times
© **Mental Health: Counseling/ Therapy & Support Groups**	10	Core service; #8 ranked in 2020 - 21 Survey of HIV Impact; 3rd largest service gap (15%) "need but can't get"; 40% of PLHWA diagnosed or treated for mental health condition (cf. 20.6% in general population); 20% of survey respondents reported a history of chronic mental illness; Links PLWHA to care and helps sustain PLWHA in care; increased need noted in focus groups, service utilization increased 24% in FY 23 compared to FY 22

© **Substance Abuse Services: Outpatient**	11	Core Service. #14 ranked, 50% of survey respondents reported a history of substance use; frequent co-occurring condition among PLWH/A. Links PLWHA to care and helps sustain PLWHA in care. RW service not available in East or North regions; PWID and MSM+PWID have stat. signif. lower % of viral suppression; increased need noted in focus groups
© **Mental Health: Psychiatric Medication Management**	12	Core service; linked to Primary Care. #12 ranked in 2020 - 21 Survey of HIV Impact. Links PLWHA to care and helps sustain PLWHA in care; also 5th largest service gap (12%; of those with history of mental illness, top ranked for 16%; 37.1% of PLHW diagnosed or treated for mental health condition (cf. 19.1% in general population); increased need noted in focus groups
© **Coordinated HIV Services for Women, Infants, Children, Youth, and Families (CHS: WICYF)** *(Formerly Early Intervention Services (EISC): Countywide Services for Women, Children & Families)*	13	Core service; includes direct provision of Medical Case Management, Mental Health, Family/Peer Advocacy, Outreach, Childcare/Babysitting & Mentor/Buddy Support. Females represent 10% of PLWH/A. Reaches diverse groups/regions. Links PLWHA to care and helps sustain PLWHA in care. #16 ranked in 2020 - 21 Survey of HIV Impact; 4th largest service gap (13%) of 2021 survey respondents reported "need but can't get"; Countywide the proportion of female HIV disease diagnoses has increased slightly over the last 5 years to about 13.8%; East, North Inland, and Central Regions have the largest proportion of recent HIV disease diagnoses among women (= 56% of total women in the three regions); females experience a slightly higher rate of simultaneous diagnosis
Childcare services	13a	#20 ranked in 2020 - 21 Survey of HIV Impact, in 2017 ranked top ranked by 62% of those with children, 1% of total sample "need but can't get".
© **Early Intervention Centers: Regional Services**	14	Core service; addresses HRSA focus on identifying PLWHA not in care and linking them to care. CM is a central component. #16 ranked in 2020 - 21 Survey of HIV Impact, 4th largest service gap (13% of 2021 survey respondents reported "need but can't get"; Co-located with HIV Primary Care in Southeast SD, South Bay and North County. Links PLWHA to care and helps sustain PLWHA in care; ~~RW service not available in the East region of county.~~ Unaware Estimate in 2023 is 8.5%, Unmet Need Estimate in 2023 is 31%
Health Education & Risk Reduction *(A subcategory of EIS:RS)*		30% of HIV+ respondents in the 2020 - 21 Survey of HIV Impact did not use condoms during sex in preceding 12 months; 9% of HIV negative/unaware reported that "they have never heard of PrEP"; Unaware Estimate in 2023 is 8.5%, Unmet Need Estimate in 2023 is 31%
Outreach Services *(A subcategory of EIS:RS)*	14b	#13 ranked in 2020 - 21 Survey of HIV Impact, 5th highest service gap (12%)
Referral Services *(A subcategory of EIS:RS)*	14c	#13 ranked in 2020 - 21 Survey of HIV Impact, 5th highest service gap (12%); RW service not available in South or Southeast regions.
Health Education & Risk Reduction Stand-Alone)	15	30% of HIV+ respondents in the 2020 - 21 Survey of HIV Impact did not use condoms during sex in preceding 12 months; 9% of HIV negative/unaware reported that "they have never heard of PrEP", Unaware Estimate in 2023 is 8.5%, Unmet Need Estimate in 2023 is 31%
Peer Navigation (Referral for Health Care and Support Services)	16	#17 ranked in 2020 - 21 Survey of HIV Impact, 5th highest service gap (12%), recommendation for increased use in focus groups.

Psychosocial Support Services	17	40% of PLHW diagnosed or treated for mental health condition (cf. 20.6% in general population)
Substance Abuse Services: Residential	18	#14 ranked, 50% of survey respondents reported a history of substance use Links PLWHA to care and helps sustain PLWHA in care. RW service not available in East, South or North regions; PWID (prev. IDU and MSM+IDU) have stat. signif. lower % of viral suppression; increased need noted in focus groups
© Home-based Care Coordination	19	Core service; #18 ranked in 2020 – 21 Survey of HIV Impact, 5% "need but can't get
Transportation: Assisted and Unassisted	20	#8 ranked in 2020 - 21 Survey of HIV Impact; 8th largest service gap (9%).
Food Services: Home-Delivered Meals	21	#7 ranked in 2020 - 21 Survey of HIV Impact; 6th largest service gap (11 %), 5% of respondents stated "too sick to make own meals"
© Medical Nutrition Therapy	22	Core service;
Legal Services	23	#10 ranked in 2020 - 21 Survey of HIV Impact; 3rd largest service gap (15%).
Emergency Financial Assistance	24	Emergency Utility Payment #15 ranked in 2020 - 21 Survey of HIV Impact; and 5th largest service gap (12%) in the survey. Links PLWHA to care and helps sustain PLWHA in care; expenditures increased by 70% between FY 22 and FY 23
Home Health Care	25	Core service; #18 ranked in 2020 – 21 Survey of HIV Impact, 5% need but can't get
© Early Intervention Services: HIV Counseling and Testing	26	Core service; important to getting persons unaware of status aware and linked to and retained in care if needed. Improves availability of HIV testing and links PLWHA to care.
Cost-Sharing Assistance	27	Core service; Focus group participants stated "lack of access to healthcare or resources to get the medication refilled" was a primary reason for not taking HIV medication
© Hospice	28	Core service;

© = Core Service

Light Blue lettering = service categories with $0 at present

HIV Planning Group
Priority Setting and Resource Allocation Committee

Overall 2024 Key Data Findings

Draft July 11, 2024

HIV Epidemiology

- Total number of Persons Living with HIV disease (PLWH) in San Diego County (Prevalent cases) = **15,035**.
- Recent cases (2019-2023) = **2,142** (a subset of the total or prevalent cases).
- The majority of PLWH through year-end 2023 were men who have sex with men (MSM). For women, heterosexual transmission was the mode of transmission. East, North Inland, and Central Regions have the largest proportion of recent HIV disease diagnoses among women (more than 56% of total women in the three regions).
- The majority of recent HIV diagnoses for over ten years were people of color. The proportion of Non-Hispanic White cases decreased over time, while the proportion of Hispanic/Latino cases increased over time.
- The **HIV rate** (number/100,000 or 10^5) was higher for Non-Hispanic Black/African American **(38.2/10^5)** than Hispanic/Latino **(20.5/$10^{5)}$** or Non-Hispanic White **(7.2/10^5)** between 2019 and 2023.
- Since 2019, the 30-39 years age group and the 20-29 years group were the most frequent age groups at diagnosis among recent HIV diagnoses (33.6% and 28.9%, respectively), whereas the **50-59** was the most frequent age group for total PLWH (26.9%) and **60-69** was the second most frequent age group (23.6%)
- The groups with significantly higher percentages of simultaneous diagnoses (<30 days) were (comparing each result with 15.7% for all PLWH): **age groups 40-49** (23.6%), **50-59** (25.5%), **60-69%** (31.6%) and **70+** (43.5%); **Females** (17.4%); **Hispanic/Latino** (17.8%); **South Region** (20.4%), **North Inland** (19.4%) and **North Central** (17.4%); **heterosexual** (19.1%)

Co-occurring Health Conditions, Poverty & Insurance Status

- Persons living with HIV (PLWH) are more likely than general San Diego County populations to experience the following conditions: TB, STIs, hepatitis B & C, mental illness, injection and non-injection drug use, homelessness, poverty, and lack of insurance.
- Co-occurring health conditions make providing medical care more complex, require greater provider expertise, and **increase the cost of care** for PLWH.
- Research also reveals a higher incidence of gastrointestinal diseases, circulatory diseases, endocrine/nutritional/metabolic diseases, nervous system diseases, and neoplastic diseases such as cancer or lymphoma. PLWH greater than 50 years of age experience an increase in age-related diseases; causes of morbidity and mortality for older PLWH include non-infectious comorbidities, such as cardiovascular disease, hypertension, bone fractures, chronic kidney disease, liver disease, diabetes mellitus, and non-AIDS-defining cancers.

Care Continuum/Viral Suppression

- In San Diego County, of the total number of people who are infected with HIV, **69%** are **in receipt of care**; **45%** are **retained in care** and **57%** are **virally suppressed**.
- **African Americans/Blacks** had a **significantly lower level of viral suppression (47%)** compared to all PLWH (57%) for all PLWH, but not for all RW clients (90% vs. 92% for all RW clients).
- There was a **significantly lower level of viral suppression for Latinx/Hispanics** (55%) compared to Whites (61%).
- Among all RW clients, there was a significantly lower level of viral suppression for **Multiple races** (81% compared to 92%).

- **Persons who inject drugs (PWID)** (45%), **men who have sex with men (MSM) + PWID** (46%), **heterosexual contact** (46%), and u**nknown risk** (33%) had significantly lower viral suppression compared to all PLWH (57%).

Unaware Estimate

- Definition: PLWH, not aware of their status/have not been tested.
- **The estimate of PLWH and unaware of their status** in San Diego County in 2023 was **1,277 or 8.5%** (of 15,035 estimated number of PLWH in San Diego County).

Unmet Need Estimate

- Definition: PLWH, but not in medical care.
- **The unmet need estimate of PLWH** in San Diego County in 2023 was **4,661 or 31%** (of 15,035 estimated number of PLWH in San Diego County)**.**

Regional Availability of Ryan White (RW) Part A/B Services

- The fewest RW Part A/B services are available in the North Inland region, followed by the East region.
- All of the RW Part A/B services are available in the Central region.

Service Eligibility Guidelines

- To be eligible to receive Ryan White Parts A/B services in San Diego County, one must:
  - Be a resident of San Diego County
  - Have an income at or below 500% of the Federal Poverty Level (FPL) ($75,300 annually or $6,275/month for a household of one)
  - Have a confirmed HIV diagnosis (except in service categories that permit services to HIV-negative and unaware)
  - Have no other payer for service
- All clients must be reassessed for eligibility every twelve months

Survey of HIV Impact 2020-2021

- The top 5 ranked services (in order) are **HIV medications**, **HIV primary care**, **dental care**, **case management** and **medical specialists**.
- The top "need but can't get" services are **dental care**, **help to pay rent**, **legal services, counseling/therapy,** and **peer advocacy/navigation**.
- The percentage of respondents who said they "need but can't get" a service ***increased*** **in all top 5 services** noted above since the 2017 survey.

Needs Assessment Focus Groups 2020-2021

- The **top 3 concerns** Consumers discussed in the focus groups were:
  - Access to care
  - Mental health
  - Housing
- The **top reasons for not taking HIV medication** as prescribed were:
  - Drug use and drug addiction
  - Forgetting to take the medication
  - Lack of access to health care or resources to get the medication refilled
  - Experiences of homelessness
  - Side effects of HIV medication
  - Experiences of mental health issues, such as depression

Getting to Zero Community Action Plan Focus Groups 2020-2021

- **160 community participants** living with or vulnerable to HIV provided input to the following 11 recommendations:
    1. Acknowledge and address medical system mistrust. Representation noted as an issue; ensure ongoing recruitment, support, and retention of a workforce representative of those living with HIV.
    2. Improve communications and outreach strategies for those living with and at higher risk for HIV who live, work, or participate in historically underserved, low-income communities.
    3. Ensure that all HIV community members have opportunities for equitable access to tele-health appointments and participation in public meetings, address the digital disparities present for those with lower income who are also living with or at higher risk for HIV.
    4. Provide increased mental health and substance use treatment opportunities for those living with or at higher risk for HIV.
    5. More consistently provide rapid access to basic support services: housing, food, transportation, and emergency financial assistance, including shut-off and eviction prevention.
    6. Continue to expand the opportunities to hire, support and utilize peer navigators, peer health educators, peer outreach specialists, benefits navigators, and housing specialists.
    7. Design, integrate, and deploy strategies to address the stigmas faced by HIV community members, including the multiple layers of stigma faced by those living with HIV who are also Black and Latino MSM; transgender persons; immigrants who may be under-documented or undocumented; those struggling with mental health symptoms or alcohol/substance use challenges or those without stable housing.
    8. Increase the number of HIV service sites that have the capacity for whole person-whole health services, including PrEP, mental health services, substance use treatment services, hormone treatment, case management, and housing resources.
    9. Design, create, and execute improved community engagement and outreach strategies that utilize community organizing principles and personal relationship building.
    10. Revise and refine the documentation processes that create a barrier to access services for persons living with or at increased risk for HIV.
    11. Design and deploy a variety of brief, online trainings for those living with or at higher risk for HIV.

Non-RW Mental Health and Substance Use Disorder Treatment Services in San Diego County

- There are several **non-RW** mental health and substance use treatment services providers in San Diego County that have HIV/PLWHA/LGBTQ competencies. Some of the providers noted also receive RW funds for services and may provide services using non-RW funds.

- All programs operated by or contracted through the **County of San Diego Behavioral Health Services (BHS)** are required to provide services and supports that respect diverse beliefs, identities, cultures, preference, and represent linguistic diversity of those served. Programs are responsible for evaluating the need for culturally/linguistically appropriate services and linking individuals to those services or making appropriate referrals.

San Diego HIV Planning Group
Priority Setting and Resource Allocation Committee

Key Data Findings
2024 Co-Occurring Conditions/Poverty/Insurance

Draft July 11, 2024

Data regarding co-morbidities or co-occurring disorders is important to the delivery of services for people living with HIV disease (PLWH) for all the following reasons:

- Co-occurring health conditions make providing medical care more complex, require greater provider expertise, and **increase the cost of care** for PLWH.
- PLWHs who live with other health conditions often have many service needs, so case managers and other service providers may need to spend more time with fewer clients.
- Substance use, homelessness, and mental illness can **interfere with HIV care**, treatment, and medication adherence.
- When a PLWH has tuberculosis (TB), a sexually transmitted disease (STD), or hepatitis, both the person's HIV and the other disease(s) can **progress faster** and have more serious effects.
- STDs make it easier for a PLWH to **transmit HIV** to someone else.
- Support services keep PLWH in care and improve medical outcomes, especially those of women, African Americans, and persons with lower incomes.

2021 findings are self-report by HIV-positive respondents to the *2021 Survey of HIV Impact*: (2)

- Total sample: 182
- People living with HIV: 158

2017 findings are self-report by HIV-positive respondents to the *2017 Survey of HIV Impact*: (3)

- Total sample: 1,038
- People living with HIV: 781

Condition	***Estimated prevalence* within the general population* (Population = 3,287,306; Males = 1,647,125 Female = 1,640,181)(1)**		***Estimated prevalence* based on self-report by people living with HIV from the 2021 *Survey of HIV Impact* (2)**	
	Number	***Percentage***	***Number***	***Percentage***
Tuberculosis	243 (4)	Less than 0.01%	17	11.0% (2)
Syphilis*	2,138 female: 465 male: 1,673(5,6)	0.065% female: 0.028% male: 0.10%	309, est. Female male: 308 (3)	2.2% female: 0.07 male: 2.4
Gonorrhea	7,694 female: 2,404 male: 5,271(5,6)	0.23% female: 0.15% male: 0.32%	93 est. female: 0 male:93 (3)	10.7% female: 0% male: 10.7%
Chlamydia	18,144 female: 10,807 male: 7,272(5,6)	0.55% female: 0.66% male: 0.44%	98 est. female: 2 male: 96 (3)	1.4% female: 3.5% male: 12.3%
Hepatitis B (HBV)	882	0.03% (5)	30	20% (3)
Hepatitis C (HCV)	3,093	1.1% (6)	18	12% (2)
Mental Illness	688,730 (7) (method of estimating combines serious and chronic)	20.6%	312	40% (2) (ever diagnosed or treated)
Substance Use: Injection Drug Use	50,150 est. ages 12+ (8)	1.5% est. ages 12+ (11)	36	Ever Injected: 23.9 (3) Injected last 12 months: 7.8% (11)
Substance Use: Illegal Drug Use	110,331 est. illicit drug use, ages 12) (9)	3.3% estimated	11	7.8% est. (11)

Condition	*Estimated prevalence* within the general population* (Population = 3,287,306; Males = 1,647,125 Female = 1,640,181)[1]		*Estimated prevalence* based on self-report by people living with HIV from the 2021 *Survey of HIV Impact* [2]	
	Number	***Percentage***	***Number***	***Percentage***
(non-inj. use)				
Fentanyl Use	424 deaths in SDC in 2022 [20]		-	-
Homelessness	10,264 [12]	0.31%	619 est. [3]	Unstable housed: 22.4%, Homeless: 4.4% [3]
Poverty Level (Threshold = $1,215 /month)	518,219 [13]	15.5% below poverty level	273 below pov. level 562 below 500% pov. level	35% below poverty level 72% below 500% poverty level [3]
Lack of Insurance (Non-elderly population <65 years old)	314,715	9.5% [13]	104	13% [3]
Formerly incarcerated	10,030 est. Prison pop.	0.3% [14]	35	23%
Hypertension (High Blood Pressure)	10,030	30% [15]	54	35% (Among ART-experienced individuals >50 years, >50%) [15]
Diabetes	227,347	6.8% [16]	18	10.3% [16]
Coronavirus (COVID19)	983,031 [17]	29.4% ([17]	187 est.	Increased risk of (hospitalization, increased risk of death [17] RR = 1.24 [17]
Monkeypox (MPOX)	469[6]	0.014%	Of pts with MPOX, 40% are PLWH	Increased risk for advanced MPOX [19,20]

*Detailed data for sexually transmitted infections, including data by race/ethnicity and gender /can be found at https://www.sandiegocounty.gov/hhsa/programs/phs/hiv_std_hepatitis_branch/reports_and_statistics.html

Notes:

- Research reveals higher incidences of additional co-occurring conditions for PLWH, including gastrointestinal diseases, circulatory diseases, endocrine/nutritional/metabolic diseases (including diabetes), nervous system diseases, and neoplastic diseases (cancer, lymphoma).

- Women living with HIV experience an increased incidence of some HIV-related conditions, including gynecological conditions such as genital herpes, pelvic inflammatory disease, human papillomavirus, and candida; additionally, there is an increased incidence of diabetes, heart disease, hepatitis C, cancer, mental illness, and substance abuse.

- PLWH 50 years of age or greater experience an increase in age-related diseases; causes of morbidity and mortality for older PLWH include non-infectious comorbidities, such as cardiovascular disease, hypertension, bone fractures, chronic kidney disease, liver disease, diabetes mellitus, and non-AIDS-defining cancers. Many of the age-related diseases are seen in the population of greater than 50 years of age PLWH approximately 10 years earlier than in the general population. [21, 22, 23]

Data Sources:

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HIV PLANNING GROUP
FY 25 SERVICE PRIORITY RANKING WORKSHEET

SERVICE CATEGORY	HPG Approved FY 23 Priority Ranking	HPG Approved FY 24 Priority Ranking	PSRAC Recommended FY 25 Priority Ranking	Key Data Findings
© Outpatient Ambulatory Health Services: Primary Care	1	1		Core service; ranked #2 in 2020 - 21 Survey of HIV Impact. (HIV/AIDS Medications a core service linked to Primary Care and is #1 ranked in 2020 - 21 Survey of HIV Impact)
© Outpatient Ambulatory Health Services: Medical Specialty	2	2		Core service; linked to Primary Care; ranked #4 in 2020 - 21 Survey of HIV Impact; 7% of respondents noted as a service gap ("need but can't get"). Co-occurring health conditions make providing medical care more complex, require greater provider expertise, and increase the cost of care for people living with HIV/AIDS (PLWH/A).
© Oral Health	4	3		Core service #3 ranked in 2020 - 21 Survey of HIV Impact and largest service gap (22% need but can't get). Many PLWH/A lack dental insurance.
© Medical Case Management	5	4		Core service; #5 ranked in 2020 - 21 Survey of HIV Impact; 9th largest service gap (9%). Links clients to other services, including Primary Care. Many PLWH/A have co-occurring health conditions that require additional services/assistance. Reaches diverse groups/regions. Links PLWHA to care and helps sustain PLWHA in care; Service utilization increased 26.6% in FY 23 compared to FY 22.
Non-Medical Case Management	6	5		#5 ranked in 2020 - 21 Survey of HIV Impact, 9th largest service gap (9%)
Non-Medical Case Management for Housing	7	6		Rental Assistance #6 ranked in 2020 - 21 Survey of HIV Impact & the 2nd prev. largest service gap (20%) in NA survey; Emergency Housing #10 ranked in 2020 - 21 Survey of HIV Impact & the 7th largest service gap (10%), 25% of PLWHA unstably housed or homeless in 2020 & poverty prevalent among PLWHA (72% at or below 500% FPL in 2020; Links PLWHA to care and helps sustain PLWHA in care

HIV PLANNING GROUP
FY 25 SERVICE PRIORITY RANKING WORKSHEET

SERVICE CATEGORY	HPG Approved FY 23 Priority Ranking	HPG Approved FY 24 Priority Ranking	PSRAC Recommended FY 25 Priority Ranking	Key Data Findings
Housing: Emergency Housing	**8**	**7**		#10 ranked in 2020 - 21 Survey of HIV Impact; The 7th largest service gap (10%), Homelessness: 25% unstably housed or homeless in 2020 & poverty prevalent among PLWH/A (72% at or below 400% FPL; Links PLWHA to care and helps sustain PLWHA in care; expenditures increased by 70% between FY 22 and FY 23.
Housing Location, Placement and Advocacy Services	**9**	**8**		As noted above in Non-Medical Case Management for Housing.
Housing: Partial Assistance Rental Subsidy (PARS)	**10**	**9**		#6 ranked in 2020 - 21 Survey of HIV Impact; the 2nd largest service gap (20%; in NA survey (20%). (25% of PLWHA unstably housed or homeless in 2020 & poverty prevalent among PLWHA (72% at or below 500% FPL in 2020; Links PLWHA to care and helps sustain PLWHA in care; the service category experiences long waitlist times
© Mental Health: Counseling/Therapy	**15**	**10**		Core service; #8 ranked in 2020 - 21 Survey of HIV Impact; 3rd largest service gap (15%) "need but can't get"; 40% of PLHWA diagnosed or treated for mental health condition (cf. 20.6% in general population); 20% of survey respondents reported a history of chronic mental illness; Links PLWHA to care and helps sustain PLWHA in care; increased need noted in focus groups; service utilization increased 24% in FY 23 compared to FY 22.
© Substance Use Treatment Services: Outpatient	**17**	**11**		Core Service. #14 ranked, 50% of survey respondents reported a history of substance use; frequent co-occurring condition among PLWH/A. Links PLWHA to care and helps sustain PLWHA in care. RW service not available in East or North regions, PWID and MSM+PWID have stat. signif. lower % of viral suppression; increased need noted in focus groups.

HIV PLANNING GROUP
FY 25 SERVICE PRIORITY RANKING WORKSHEET

SERVICE CATEGORY	HPG Approved FY 23 Priority Ranking	HPG Approved FY 24 Priority Ranking	PSRAC Recommended FY 25 Priority Ranking	Key Data Findings
© **Mental Health: Psychiatric Medication Management**	**3**	**12**		Core service; linked to Primary Care. #12 ranked in 2020 - 21 Survey of HIV Impact. Links PLWHA to care and helps sustain PLWHA in care; also 5th largest service gap (12%; of those with history of mental illness, top ranked for 16%; 37.1% of PLHW diagnosed or treated for mental health condition (cf. 19.1% in general population); increased need noted in focus groups.
© **Coordinated HIV Services for Women, Infants, Children, Youth, and Families (CHS: WICYF)** *(Formerly "Early Intervention Services (EIS): Countywide Services for Women, Children & Families" (WCF)*	**11**	**13**		Core service; includes direct provision of Medical Case Management, Mental Health, Family/Peer Advocacy, Outreach, Childcare/Babysitting & Mentor/Buddy Support. Females represent 10% of PLWH/A. Reaches diverse groups/regions. Links PLWHA to care and helps sustain PLWHA in care. #16 ranked in 2020 - 21 Survey of HIV Impact; 4th largest service gap (13%) of 2021 survey respondents reported "need but can't get"; Countywide the proportion of female HIV disease diagnoses has increased slightly over the last 5 years to about 13.8%; East, North Inland, and Central Regions have the largest proportion of recent HIV disease diagnoses among women (= 56% of total women in the three regions); females experience a slightly higher rate of simultaneous diagnosis.
* ***Early Intervention Services for WICYF*** *(subcategory of CHS: WICYF)*				
* ***Medical Case Management for WICYF*** *(subcategory of CHS: WICYF)*				

HIV PLANNING GROUP
FY 25 SERVICE PRIORITY RANKING WORKSHEET

SERVICE CATEGORY	HPG Approved FY 23 Priority Ranking	HPG Approved FY 24 Priority Ranking	PSRAC Recommended FY 25 Priority Ranking	Key Data Findings
* ***Non-Medical Case Management for WICYF*** *(subcategory of CHS: WICYF)*				
* ***Mental Health for WICYF*** *(subcategory of CHS: WICYF)*				
* ***Childcare services*** *(subcategory of CHS: WICYF)*	**11a**	**13a**		#20 ranked in 2020 - 21 Survey of HIV Impact, in 2017 ranked top ranked by 62% of those with children, 1% of total sample "need but can't get".
* ***Outreach to WICYF*** *(subcategory of CHS: WICYF)*				
* ***Peer Navigation for WICYF*** *(subcategory of CHS: WICYF)*				
* ***Transportation for WICYF*** *(subcategory of CHS: WICYF)*				
© Early Intervention Services: Regional Services	**12**	**14**		Core service; addresses HRSA focus on identifying PLWHA not in care and linking them to care. CM is a central component. #16 ranked in 2020 - 21 Survey of HIV Impact, 4th largest service gap (13% of 2021 survey respondents reported "need but can't get"; Co-located with HIV Primary Care in Southeast SD, South Bay, and North County. Links PLWHA to care and helps sustain PLWHA in care; Unaware Estimate in 2023 is 8.5%, Unmet Need Estimate in 2023 is 31%.

HIV PLANNING GROUP
FY 25 SERVICE PRIORITY RANKING WORKSHEET

SERVICE CATEGORY	HPG Approved FY 23 Priority Ranking	HPG Approved FY 24 Priority Ranking	PSRAC Recommended FY 25 Priority Ranking	Key Data Findings
* ***Health Education and Risk Reduction*** *(subcategory of EIS:RS)*	**12a**	**14a**		30% of HIV+ respondents in the 2020 - 21 Survey of HIV Impact did not use condoms during sex in preceding 12 months; 9% of HIV negative/unaware reported that "they have never heard of PrEP", Unaware Estimate in 2023 is 8.5%, Unmet Need Estimate in 2023 is 31%.
****Outreach Services*** *(subcategory of EIS:RS)*	**12b**	**14b**		#13 ranked in 2020 - 21 Survey of HIV Impact, 5th highest service gap (12%).
* ***Referral Services*** *(subcategory of EIS:RS)*	**12c**	**14c**		#13 ranked in 2020 - 21 Survey of HIV Impact, 5th highest service gap (12%); RW service not available in South or Southeast regions.
Health Education & Risk Reduction (stand-alone)	**13**	**15**		30% of HIV+ respondents in the 2020 - 21 Survey of HIV Impact did not use condoms during sex in preceding 12 months; 9% of HIV negative/unaware reported that "they have never heard of PrEP", Unaware Estimate in 2023 is 8.5%, Unmet Need Estimate in 2023 is 31%.
Peer Navigation (Referral for Health Care and Support Services)	**14**	**16**		#17 ranked in 2020 - 21 Survey of HIV Impact, 5th highest service gap (12%), recommendation for increased use in focus groups.
Psychosocial Support Services	**16**	**17**		40% of PLHW diagnosed or treated for mental health condition (cf. 20.6% in general population).
Substance Use Treatment Services: Residential	**18**	**18**		#14 ranked, 50% of survey respondents reported a history of substance use Links PLWHA to care and helps sustain PLWHA in care. RW service not available in East, South or North regions; PWID and MSM+PWID have stat. signif. lower % of viral suppression; increased need noted in focus groups.
© **Home-based Health Care Coordination**	**19**	**19**		Core service; #18 ranked in 2020 - 21 Survey of HIV Impact, 5% "need but can't get
Transportation: Assisted and Unassisted	**20**	**20**		#8 ranked in 2020 - 21 Survey of HIV Impact; 8th largest service gap (9%).

HIV PLANNING GROUP
FY 25 SERVICE PRIORITY RANKING WORKSHEET

SERVICE CATEGORY	HPG Approved FY 23 Priority Ranking	HPG Approved FY 24 Priority Ranking	PSRAC Recommended FY 25 Priority Ranking	Key Data Findings
Food Services: Food Bank/Home-Delivered Meals	**21**	**21**		#7 ranked in 2020 - 21 Survey of HIV Impact; 6th largest service gap (11 %), 5% of respondents stated "too sick to make own meals"
© Medical Nutrition Therapy	**22**	**22**		Core service
Legal Services	**23**	**23**		#10 ranked in 2020 - 21 Survey of HIV Impact; 3rd largest service gap (15%).
Emergency Financial Assistance	**24**	**24**		Emergency Utility Payment #15 ranked in 2020 - 21 Survey of HIV Impact; and 5th largest service gap (12%) in the survey. Links PLWHA to care and helps sustain PLWHA in care; expenditures increased by 70% between FY 22 and FY 23.
Home Health	**25**	**25**		Core service; #18 ranked in 2020 - 21 Survey of HIV Impact, 5% need but can't get
© Early Intervention Services: HIV Counseling and Testing	**26**	**26**		Core service; important to getting persons unaware of status aware and linked to and retained in care if needed. Improves availability of HIV testing and links PLWHA to care
Cost-Sharing Assistance	**27**	**27**		Core service; Focus group participants stated "lack of access to healthcare or resources to get the medication refilled" was a primary reason for not taking HIV medication.
© Hospice	**28**	**28**		Core service

© = Core Service

Light Blue lettering = service categories with $0 allocated currently

HPG FY 25 Part A & MAI Allocation Worksheet

Allocation amounts *are based on original approved amounts*
% budget spent *is based on adjusted allocations*

Level Scenario Remaining Balance	Level Scenario Remaining Balance	Reduction Scenario Amount
$0	0	

SERVICE CATEGORY	FY 25 Priority Rank	FY 20 Final Expenditures			FY 21 Final Expenditures			FY22 Final Expenditures			FY 23 Final Expenditures				PSRAC Recommendations for FY 25 Level Funding Scenario Proposed Changes based on FY 24 Allocations				PSRAC Recommendations for FY 25 Reduced Funding Scenario		
		FY 20			FY 21			FY 22			FY 23				FY 25				FY 25		
		Allocated	Expended	% Budget Spent *(Expended vs Allocated)*	Allocated	Expended	% Budget Spent *(Expended vs Allocated)*	Allocated	Expended	% Budget Spent *(Expended vs Allocated)*	Allocated	*Mid-Year Reallocations*	Expended	% Budget Spent *(Expended vs Allocated)*	Approved Allocations *(based on FY 24)*	*Reallocations*	PROPOSED CHANGES *(+ / -)*	Proposed FY 25 Allocations	Approved Allocations (based on FY 24)	PROPOSED REDUCTIONS	Approved FY 25 Allocations *(if funding is reduced)*
OAHS: Primary Care		937,762	730,209	78%	828,630	788,573	95%	1,307,630	1,058,990	103%	962,630	*1,102,630*	1,104,470	100%	1,102,630	*1,102,630*		1,102,630	1,102,630		1,102,630
OAHS: Medical Specialty		234,292	128,990	55%	165,962	129,963	78%	383,386	194,080	80%	273,386	*374,097*	127,702	34%	195,000	*195,000*		195,000	195,000		195,000
Oral Health		159,877	158,453	99%	175,940	158,676	90%	300,940	151,952	76%	300,940	*174,728*	171,165	98%	241,410	*160,940*		241,410	160,940		160,940
Medical Case Management		1,416,922	1,394,275	98%	1,262,830	1,165,953	92%	1,268,338	1,313,568	94%	1,268,338	*1,352,083*	1,310,697	97%	1,151,853	*1,151,853*		1,151,853	1,151,853		1,151,853
Non-Medical Case Management		415,674	407,111	98%	390,717	358,043	92%	392,021	407,487	85%	392,021	*437,236*	419,105	96%	392,021	*392,021*		392,021	392,021		392,021
Non-Medical Case Management for Housing		-	-		-	-		250,000	-	0%	-	-	-		-	-		-	200,000		200,000
Housing: Emergency Housing		1,325,424	1,291,275	97%	1,611,424	1,533,763	95%	280,000	1,044,260	97%	530,000	*1,250,000*	1,177,673	94%	632,493	*632,493*		632,493	1,183,515		1,183,515
Housing Location, Placement and Advocacy Services		-	-		-	-		100,000	-	0%	-	-	-		-	-		-	100,000		100,000
Housing: Partial Assistance Rental Subsidy (PARS)		715,507	675,991	94%	827,507	770,230	93%	667,507	772,975	97%	807,507	*807,506*	749,109	93%	507,507	*507,507*		507,507	807,507		807,507
Mental Health: Counseling/Therapy & Support Groups		811,724	792,549	98%	761,062	717,510	94%	761,062	736,499	95%	1,061,062	*975,970*	877,060	90%	900,000	*900,000*		900,000	900,000		900,000
Substance Use Tx Services: Outpatient		*276,404*	269,262	97%	269,959	259,043	96%	269,959	255,037	81%	315,127	*288,587*	267,982	93%	260,127	*260,127*		260,127	260,127		260,127
Mental Health: Psychiatric Medication Management		28,036	14,321	51%	28,036	8,867	32%	28,036	5,486	20%	28,036	*13,036*	7,466	57%	6,000	*6,000*		6,000	6,000		6,000
Coordinated HIV Services for Women, Infants, Children, Youth, and Families (CHS: WICYF) ***(Formerly "Early Intervention Services (EIS): Countywide Services for Women, Children & Families)***		991,457	991,433	100%	943,317	943,261	100%	943,317	993,157	100%	943,317	*993,327*	993,294	100%	993,157	*993,157*		993,157	993,157		993,157
**Early Intervention Services*																					
**Medical Case Management*																					
**Non-Medical Case Management*																					
**Mental Health*																					
**Childcare services*																					
**Outreach to WICYF*																					
**Peer Navigation for WICYF*																					
**Transportation for WICYF*																					
Early Intervention Services (EIS): Regional Services		772,784	760,631	98%	800,386	752,432	94%	800,386	833,533	97%	800,386	*860,304*	818,327	95%	810,000	*810,000*		810,000	810,000		810,000
**Health Education & Risk Reduction*																					
**Outreach Services*																					
**Referral Services*																					
Health Education and Risk Reduction		-	-		-	-		-	-		-	-	-		-	-		-	-		-
Peer Navigation (Referral for Health Care and Support Srvs.)		303,633	291,007	96%	300,000	285,961	95%	300,000	248,378	78%	400,000	*402,231*	307,871	77%	300,000	*300,000*		300,000	300,000		300,000
Psychosocial Support Services		-	-		-	-		-	-		-	-	-		-	-		-	46,744		46,744
Substance Use Tx Services: Residential		-	-		-	-		-	-		-	-	-		-	-		-	-		-
Home-based Health Care Coordination		234,500	234,498	100%	228,500	217,608	95%	228,500	193,490	85%	228,500	*228,500*	207,239	91%	228,500	*228,500*		228,500	228,500		228,500
Transportation - Assisted & Unasst.		131,196	98,616	75%	134,642	111,686	83%	127,830	121,345	79%	142,830	*169,057*	126,021	75%	122,830	*122,830*		122,830	122,830		122,830
Food Services: Food Bank/Home Delivered Meals		567,585	567,585	100%	543,551	543,548	100%	536,073	530,043	100%	536,073	*531,573*	467,213	88%	536,073	*536,073*		536,073	536,073		536,073
Medical Nutrition Therapy		35,542	35,542	100%	35,542	35,507	100%	35,542	35,319	99%	35,542	*35,542*	34,397	97%	35,542	*35,542*		35,542	35,542		35,542
Legal Services		285,265	285,265	100%	285,265	285,265	100%	285,265	279,142	98%	285,265	*285,265*	284,652	100%	285,265	*285,265*		285,265	285,265		285,265
Emergency Financial Assistance		38,550	20,670	54%	46,252	23,180	50%	53,730	33,833	100%	28,730	*68,356*	57,486	84%	36,856	*36,856*		36,856	36,856		36,856
Home Health Care		-	-		-	-		-	-		-	-	-		-	-		-	-		-
Early Intervention Services: HIV Counseling and Testing		-	-		-	-		-	-		-	-	-		-	-		-	-		-
Cost-Sharing Assistance		-	-		-	-		-	-		-	-	-		-	-		-	-		-
Hospice		-	-		-	-		-	-		-	-	-		-	-		-	-		-
Part A TOTALS		**9,682,134**	**9,147,683**		**9,639,522**	**9,089,070**	94%	**9,319,522**	**9,208,574**	94%	**9,339,690**	***10,350,028***	**9,508,928**	92%	**8,737,264**	***8,656,794***	-	**8,737,264**	**9,854,560**	-	**9,854,560**
Minority AIDS Initiative (MAI)		-	-		-	-		-													
Multi-Disciplinary Team		666,551	609,554		562,901	527,717	94%	562,902	469,826	82%	573,246	*573,246*	498,266	87%	593,183	*593,183*		593,183	574,238		574,238
Targeted Client Advocacy					-	-		-	-						-	-		-	-		
Emergency Housing					100,000	99,054	99%	100,000	99,455	99%	100,000	*100,000*	52,722	53%	100,000	*100,000*		100,000	100,000		100,000
MAI TOTALS		**666,551**			**662,901**	**626,771**	95%	**662,902**	**569,280**	85%	**673,246**	***673,246***	**550,988**	82%	**693,183**	***693,183***	-	**693,183**	**674,238**	-	**674,238**
GRAND TOTALS		**10,348,685**			**10,302,423**	**9,715,841**	94%	**9,982,424**	**9,777,854**	94%	**10,012,936**	***11,023,274***	**10,059,915**	91%	**9,430,447**	***9,349,977***	-	**9,430,447**	**10,528,798**	-	**10,528,798**

Remaining: 0

HIV PLANNING GROUP
6-MONTH COMMITTEE TRACKING
July 2023 - June 2024

PRIORITY SETTING & RESOURCE ALLOCATION COMMITTEE															
PSRAC	**20-Jul**	**27-Jul**	**Aug**	**Sep**	**Oct**	**Nov**	**Dec**	**Jan**	**Feb**	**Mar**	**Apr**	**May**	**6-Jun**	**13-Jun**	**#**
Total meetings	1	1		1		1		1		0	1	1	1	1	**7**
Member															
Jacobs, Dr. Delores	*	*		*		*		*		NQ	*	*	*	*	**0**
Davenport, Beth	*	*		**1**		**1**		*		NQ	**1**	*	*	*	**3**
Fleming, Tyra [cc]										NQ	*	*	*	**JC**	**0**
Garcia-Bigley, Felipe	*	*		*		**1**		*		NQ	*	*	*	*	**1**
Highfill, Pam	*	*		*		*		*		NQ	*	**1**	*	*	**1**
Kubricky, Cinnamen	*	*		*		**1**		*		NQ	*	*	*	**1**	**1**
Mendoza Aguirre, Marco										NQ	*	*	*	**1**	**0**
Mueller, Chris	*	*		**1**		*		*		NQ	*	*	*	*	**1**
Robles, Raul	*	*		**1**		*		*		NQ	**1**	*	*	**JC**	**2**
Quezada-Torres, Karla	*	*		*		*		*		NQ	*	**1**	*	**1**	**1**
Underwood, Regina	*	*		*		**1**		*		NQ	*	*	**1**	*	**1**
Van Brocklin, Rhea [c]	*	*		**1**		**1**		*		NQ	*	*	*	*	**2**
Villafan, Freddy	*	*		**1**		**1**		*		NQ	*	*	*	*	**2**

To remain in good standing and eligible to vote, the committee member may not miss 3 consecutive meetings or 6 meetings within 12 months.

***** = Present

1 = Absent for the month

1 = Absence when there are multiple meetings that month. Member needs to attend at least one (1) meeting for attendance to count for that month.

JC = Just Cause

EC = Emergency Circumstance

NM = No Meeting

NQ = No Quorum

Ryan White Utilization Report

Summary of Services for FY 24

(March 1, 2024 - February 28, 2025)

HIV, STD and Hepatitis Branch

SAN DIEGO HIV PLANNING GROUP (HPG)
PRIORITY SETTING & RESOURCE ALLOCATION COMMITTEE (PSRAC)
MEETING PACKET

APPENDIX

(Page 039-045)

ASSEMBLY BILL (AB) 2449: JUST CAUSE AND EMERGENCY CIRCUMSTANCES (2023)

If the physical attendance quorum requirement is met, AB 2449 permits a member who is not physically present to request virtual attendance at the local legislative body's meeting under two circumstances: (1) for "just cause" and (2) due to "emergency circumstances".

Qualifying Reason	Provisions to attend remotely	Requirements/Limitations
Just Cause	• There is a childcare or caregiving need (for a child, parent, grandparent, grandchild, sibling, spouse, or domestic partner) that requires the member to participate remotely • A contagious illness prevents the member from attending the meeting in • There is a need related to a defined physical or mental disability that is not otherwise accommodated for • Traveling while on official business of the legislative body or another state or local agency	A member is limited to **two (2)** virtual attendances based on "just cause" per calendar year
Emergency Circumstances	"A physical or family medical emergency that prevents a member from attending the meeting in person." A member is not required to disclose any medical diagnosis or disability, or any personal medical information that is already exempt from existing law.	A member of the legislative body must make a request to the body to allow the member to meet remotely due to an emergency circumstance, and further must provide a general description of the circumstance justifying such attendance. A request from a member to attend remotely due to an emergency circumstance requires that the legislative body take action and approve the remote attendance at the start of the meeting for the member to be allowed to participate remotely for that meeting*.

**If the request does not allow sufficient time to be placed on the agenda as a proposed action item, then the legislative body may take action at the beginning of the meeting.*

ADDITIONAL REQUIREMENTS FOR A MEMBER PARTICIPATING REMOTELY:

In addition to making a request either for "just cause" or due to an "emergency circumstance" for remote appearance, AB 2449 imposes the following three (3) additional requirements on legislative body members seeking to appear remotely at public meetings:

1. Before any action is taken during the meeting, the member **must** publicly disclose whether any other individuals 18 years of age or older are present in the room at the remote location with the member, and the general nature of the member's relationship with any such individuals.
2. A member of the legislative body participating from a remote location must participate through both audio **and** visual technology.
3. A member's remote participation cannot be for more than three (3) consecutive months or 20 percent of the regular meetings for the local agency within a calendar year. And if the legislative body regularly meets fewer than ten (10) times per calendar year, a member's participation from a remote location cannot be for more than two meetings.

AB 2449 Checklist

(Applicable January 1, 2023 to December 31, 2025)

Procedures for Public Participation

- ☐ Public must be able to remotely hear, visually observe, and address the legislative body either remotely or in person in real time
- ☐ Public must have the opportunity to participate via: 1) two-way audio or 2) a telephonic service with a webcasting service
- ☐ Public cannot be required to submit comments prior to the meeting

Procedures for Member to Teleconference from a Remote Location

- ☐ Member must participate through both audio and visual technology
- ☐ Member must disclose adults who are present in the room at the remote location with the member and the general nature of the relationship with those individuals
- ☐ Member must submit a general description of the need to teleconference to the legislative body at the earliest opportunity (do not disclose any medical diagnosis or disability)
- ☐ Member may teleconference for just cause. Just cause is limited to 2 meetings per calendar year (see "Limits per Member" below). Just cause is defined as:
  - Child care or caregiving need of a child, parent, grandparent, grandchild, sibling, spouse or domestic partner
  - Contagious illness that prevents member from attending in person
  - A need related to a physical or mental disability
  - Travel on official business of the legislative body or another state or local agency
- ☐ Member may teleconference due to emergency circumstances, which requires approval of the legislative body and which is defined as a physical or family medical emergency that prevents a member from participating in person
- ☐ Limits per Member: Just cause and emergency circumstances cannot be invoked collectively for more than: 1) two meetings if the legislative body has fewer than 10 meetings per calendar year, or 2) three consecutive months or 20 percent of regular meetings per calendar year if the legislative body has 10 or more meetings per year. Just cause cannot be invoked more than twice per calendar year.

Procedures for the Board/Commission/Committee/Group

- ☐ Include instructions on the agenda how the public can participate remotely
- ☐ A quorum of the members of the legislative body must participate in person at the noticed location that is open to the public
- ☐ A majority of the membership must approve a request by a member to teleconference due to emergency circumstances; include the request on the agenda if received in time
- ☐ All votes must be taken by roll call
- ☐ Meeting must be stopped and no action taken if the broadcast of the meeting or ability of the public to comment is disrupted

TELECONFERENCING RULES UNDER THE BROWN ACT

	Default Rule	Declared Emergency (AB 361)	Just Cause (AB 2449)	Emergency Circumstance (AB 2449)
In person participation	Required	Not Required	Required	Required
Member participation via teleconferencing	Audio or Audio-visual	Audio or Audio-visual	Audio-visual	Audio-visual
Required (minimum) opportunities for public participation	In-Person	Call-In or internet-based	Call-in or internet-based and in person	Call-in or internet-based and in person
Disruption of broadcast or public's ability to comment	Meeting can proceed	No further action taken	No further action taken	No further action taken
Reason must be approved by legislative body	No	Yes (Initial findings and renewed findings every 30 days)	No, but general description to be provided by legislative body	Yes and general description to be provided to legislative body
Votes must be taken by roll call	Yes	Yes	Yes	Yes
Member's remote location included on agenda	Yes	No	No	No
Declared emergency and health official's recommendations for social distancing	No	Yes	No	No
Annual limits	None	None	Twice per calendar year (limits for emergency circumstances also apply for collective number of times AB 2449 can be used per year)	3 consecutive months/ 20% of regular meetings per calendar year; or 2 meetings per calendar year if body meets less than 10 times per year (collectively with just cause)
Effective Dates	Ongoing	Expires 12/31/2023	Expires 12/31/2025	Expires 12/31/2025

YOUR VOICE MATTERS!

2024 COUNTY OF SAN DIEGO HIV NEEDS ASSESSMENT SURVEY

TELL US ABOUT:

- Access to HIV prevention and treatment services
- Things that work well
- Challenges and concerns
- Your well-being

Learning about the impact of HIV in San Diego County will help us improve HIV services and access!

TAKE THE SURVEY ONLINE!

hpg.hhsa@sdcounty.ca.gov

CHECK OUT OUR NEW APP FOR COUNTY'S HIV RESOURCES

GETTING 2 ZERO STOP HIV

¡TU VOZ IMPORTA!

2024 CONDADO DE SAN DIEGO ENCUESTA DE EVALUCIÓN DE LAS NECESIDADES RELACIONADAS CON EL VIH

CUÉNTANOS SOBRE:

- Acceso a la prevención del VIH y
- Servicios de tratamiento
- Coas que funcionan bien
- Desafíos y preocupaciones
- Tu bienestar

Aprendiendo acerca de el impacto de la VIH en Condado de San Diego nos ayudará mejorar los servicios del VIH y ¡acceso!

¡RESPONDA LA ENCUESTA EN LÍNEA!

hpg.hhsa@sdcounty.ca.gov

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CONSULTE NUESTRA NUEVA APLICACIÓN PARA OBTENER RECURSOS SOBRE EL VIH DEL CONDADO

GETTING 2 ZERO STOP HIV

SAN DIEGO HIV PLANNING GROUP

COUNTY OF SAN DIEGO Health and Human Services Agency

LIVE WELL SAN DIEGO

HEAD ON OVER TO

FOOD WILL BE PROVIDED

OPEN TO THE PUBLIC

HAPPYVILLE

The San Diego HIV Planning Group (HPG) is hosting a fun and interactive priority setting and budget allocation exercise where you can learn all about the key parts of the planning process!
For questions, email hpg.hhsa@sdcounty.ca.gov, or visit sdplanning.org.

WEDNESDAY JULY 17, 2024
3PM - 5PM
SOUTHEASTERN LIVE WELL CENTER
(TUBMAN CHAVEZ ROOM A)
5101 MARKET STREET
SAN DIEGO, CA 92114

TO JOIN US VIRTUALLY, VISIT THE LINK BELOW:

HTTPS://TINYURL.COM/3BHSM6KN
MEETING ID: 837 8224 2388
PASSCODE: 106514

OR SCAN THIS QR CODE TO JOIN

SAN DIEGO HIV PLANNING GROUP

COUNTY OF SAN DIEGO Health and Human Services Agency | LIVE WELL SAN DIEGO

DIRÍGETE A HAPPYVILLE

SE PROPORCIONARÁ COMIDA

ABIERTO AL PÚBLICO

El Grupo de Planificación del VIH de San Diego (HPG, por sus siglas en inglés) está organizando un ejercicio divertido e interactivo de establecimiento de prioridades y asignación de presupuesto en el que puede aprender todo sobre las partes clave del proceso de planificación.
Si tiene preguntas, envíe un correo electrónico a hpg.hhsa@sdcounty.ca.gov o visite sdplanning.org.

MIERCOLES 17 DE JULIO DEL 2024
3PM - 5PM
SOUTHEASTERN LIVE WELL CENTER
(TUBMAN CHÁVEZ SALA A)
5101 MARKET STREET
SAN DIEGO, CA 92114

PARA UNIRSE A NOSOTROS VIRTUALMENTE, VISITE EL SIGUIENTE ENLACE:

HTTPS://TINYURL.COM/3BHSM6KN
ID DE REUNIÓN: 837 8224 2388
CÓDIGO DE ACCESO: 106514

O ESCANEA ESTE CÓDIGO QR PARA UNIRTE